

**ARIZONA STATE BOARD OF HEALTH**

BUREAU OF VITAL STATISTICS

**ORIGINAL CERTIFICATE OF BIRTH**

1. County of Gila State Index No. 123  
 District of \_\_\_\_\_ County Registrar No. 705  
 Town of Miami Local Registrar No. \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Dorothy May Harrison If child is not yet named, make supplemental report, as directed.

3. Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? yes 6. Date of birth Sept 6, 1924  
 Month day year

8. FATHER Full name Robert Henry Harrison 14. MOTHER Full maiden name Mabel Lockhart  
 9. Residence (Usual place of abode) Miami, Arizona 15. Residence (Usual place of abode) Miami, Arizona  
 If nonresident, give place and state Virginia If nonresident, give place and state \_\_\_\_\_

10. Color or race white 11. Age at last birthday 21 (Years) 16. Color or race white 17. Age at last birthday 18 (Years)

12. Birthplace (city or place) \_\_\_\_\_ (State or country) Virginia 18. Birthplace (city or place) Glenbar (State or country) Arizona

13. Occupation Sampler Nature of industry Copper mine 19. Occupation Housewife Nature of industry \_\_\_\_\_

20. Number of children of this mother (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was alive at 6:05 P.m. on the date above stated.  
 (Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Signature J. J. Gravelle (Physician or midwife)  
 Address Miami, Arizona  
 Given name added from \_\_\_\_\_  
 a supplemental report \_\_\_\_\_  
 Month, day, year. \_\_\_\_\_

Filed Sept 30, 1924 \_\_\_\_\_  
 Filed 10-6-24 \_\_\_\_\_  
 Registrar. \_\_\_\_\_ Local Registrar. \_\_\_\_\_  
 County Registrar. \_\_\_\_\_

465-906-433